9580

09584
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chesapeake Beach, Rural
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (First) Baby Boy (Middle) (Last) Chase
4. DATE OF DEATH (Month) October (Day) 16 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 10-15-55
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carol Holland
14. MOTHER'S MAIDEN NAME: Alice Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Alice Chase Chesapeake Beach, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

764.0
Immediate cause (a) Dehydration and Malnutrition secondary to
DUE TO Diarrhea.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul Owen M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10/17/55

23. BURIAL, CREMATION, REMOVAL (Specify):
DATE THEREOF 10-19-55
NAME OF CEMETERY OR CREMATORY St Edmonds
LOCATION (City, town, or county) Calvert Co. (State) Md

DATE REC'D BY LOCAL REG. 10-18-55
REGISTRAR'S SIGNATURE N.W. Ward M.D.
24. FUNERAL DIRECTOR R. E. Sewell, Prince Frederick Md ADDRESS

2005234345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09585

9581 CERTIFICATE OF DEATH Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Chesapeake Beach
LENGTH OF STAY (In this place) 18 yrs 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Gwendolyn (Middle) (Last) Cook

4. DATE OF DEATH: (Month) October (Day) 9 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: February 10 1953
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alvin Gray
14. MOTHER'S MAIDEN NAME: Hilda Cook
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hilda Cook Owings, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 057.0
(A) DUE TO Cerebral spinal meningitis — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Convulsion — 24 hrs

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 5:45 A.M., from the causes and on the date stated above.
SIGNATURE H. W. Ward Owr M. D. ADDRESS Owings DATE SIGNED 10/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried
DATE THEREOF Oct. 10 1955
NAME OF CEMETERY OR CREMATORY Mt Hope Church Cem.
LOCATION (City, town, or county) (State) Sunderland, Md

DATE REC'D BY LOCAL REGISTRAR 10-10-55
REGISTRAR'S SIGNATURE N. W. Ward
24. FUNERAL DIRECTOR Leroy Berry ADDRESS Huntingtown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9582

09586

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH

COUNTY Calvert — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Prince Frederick

LENGTH OF STAY (in this place) 4 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give residence address) Calvert County Md

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY Calvert

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mutual

STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) S. (Last) Harkness

4. DATE OF DEATH (Month) Oct. (Day) 23, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	W	Oct. 2 1873	82 yrs.	0	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Thomas Parran

14. MOTHER'S MAIDEN NAME Mary Evelyn Sollers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS Robert A. Harkness, Mutual, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Generalized arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED White at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from Jan 19 55, to Oct 24 19 55, that I last saw the deceased alive on Oct 24 19 55, and that death occurred at 3:15 M, from the causes and on the date stated above.

SIGNATURE R. D. Willard M.D. ADDRESS (Street, city, town, state) St Leonard Md DATE SIGNED 10/26

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 25 1955	Christ Church Cem.	Bt Republic, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 10-24-55	H. W. Ward	A. A. Harkness & Son	Mutual, Md.

9583

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 09587

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Prince Island
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington 15K-2
STREET ADDRESS (If rural, give location) 10608 Concord St

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Jacqueline (Last) Zoehler
4. DATE OF DEATH (Month) 10 (Day) 23 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 8/2/74
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): ?
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ? Sayffer
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ADDRESS: John J. Zoehler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Cerebral Vascular Accident — Interval between onset and death 5 hrs
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Fell down steps
DUE TO
(c) Hypertension & Disease — ?

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Fell down stairs

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☒ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Port Republic (County) Calvert (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10/23/55 ~ 3 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Fell down steps

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A W Ward
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
M. D. ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 10/23/55

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 10/26/55 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) D.C.

DATE REC'D BY LOCAL REG. 10-23-55 REGISTRAR'S SIGNATURE A W Ward
24. FUNERAL DIRECTOR C. S. H. Hines & Sons ADDRESS 2501-14th St NW Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9584

CERTIFICATE OF DEATH

Reg. Dist. No. 09588 51

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Prince Frederick
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mutual X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (First) James (Middle) (Last) MacKall

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1955

5. SEX: male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: May 20, 1940

9. AGE last birthday: 15 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Joseph MacKall

14. MOTHER'S MAIDEN NAME: Elsie Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Elsie Parker - Mutual, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.0
IMMEDIATE CAUSE (A) Acute anemia - Emaciation

ANTECEDENT CAUSE (B) DUE TO — Acute Lymphatic Leukemia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-55, to 10-13-55, that I last saw the deceased alive on 10-13-55, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

SIGNATURE J. A. Williams M.D. ADDRESS Leonard DATE SIGNED 10-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 15, 1955

NAME OF CEMETERY OR CREMATORY Little Rehoboth Church

LOCATION (City, town, or county) Owings Cal. Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-14-55

REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR Leroy Berry ADDRESS Huntingtown, Md.

9585

09589 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. ....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Mustard
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mustard X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Mustard
4. DATE OF DEATH (Month) 10 (Day) 5 (Year) 1955
5. SEX: F
6. COLOR OR RACE:
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 9/26/55
9. AGE Last birthday: ~ yrs. IF UNDER 1 YEAR: Months 9 Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jerry Taylor
14. MOTHER'S MAIDEN NAME: Elsie Mary Mustard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Elsie Mary Mustard

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
772.0
Immediate cause (a) Malnutrition DUE TO ..... Interval Between Onset and Death 9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO
(c) .....

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Premature

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H W Ward M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 10/6/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-6-55	Mt Harmony	Owings, Calvert, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-6-55	H W Ward	Jos. Mackall & Mustard, Md.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9586 **CERTIFICATE OF DEATH** Reg. Dist. No. 09590 31

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Prince Frederick
LENGTH OF STAY (in this place) 26 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic X
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) McCormick

4. DATE OF DEATH: (Month) October (Day) 8 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: July 15 1890 | 9. AGE last birthday: 65 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McCormick | 14. MOTHER'S MAIDEN NAME: Liza Hurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Isabelle McCormick - Port

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X
IMMEDIATE CAUSE (A) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 26 hrs.

ANTECEDENT CAUSE (B) DUE TO: Diabetes mellitus — 3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7 9:30PM, 1955 to 10-9 11:30PM, 1955, that I last saw the deceased alive on 10-9, 1955, and that death occurred at 11:30P.M, from the causes and on the date stated above.

SIGNATURE: Merle L. Gibson Jr. M.D. | ADDRESS: Pr. Fred. | DATE SIGNED: 10-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 10-12-55 | NAME OF CEMETERY OR CREMATORY: Brownson | LOCATION (City, town, or county) (State): Calvert Md.

DATE REC'D BY LOCAL REGISTRAR: 10-10-55 | REGISTRAR'S SIGNATURE: M. W. Ward | 24. FUNERAL DIRECTOR | ADDRESS: P. E. Sewell & Sons Prince Frederick Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

09592

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9597 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN X Solomons Island. LENGTH OF STAY (in this place) 66 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons Island X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Louise (Last) Rekar (Rekar)

4. DATE OF DEATH: (Month) 10 (Day) 12 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M. | 8. DATE OF BIRTH: May 6 1889 | 9. AGE last birthday: 66 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles F. Files | 14. MOTHER'S MAIDEN NAME: Sophie Kuzby.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. 219-32-0001 (Outpt.) | 17. INFORMANT & ADDRESS: (Signature) Mrs. Eleanor Hippl Solomons

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 - 1

IMMEDIATE CAUSE (A) Coronary Artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-12 , 1955, to 10 12 , 1955, that I last saw the deceased alive on — , 19 . , and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE Merle L. Gibson jr. M.D. ADDRESS Prince Frederick DATE SIGNED 10-12-55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF Oct. 14, 1955 | NAME OF CEMETERY OR CREMATORY Solomons Methodist Luth. | LOCATION (City, town, or county) (State) Solomons, Md

DATE REC'D BY LOCAL REGISTRAR 10-13-55 | REGISTRAR'S SIGNATURE H. W. Ward | 24. FUNERAL DIRECTOR ADDRESS G. A. Hartman & Son - Mutual, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09593

Item 7, Film G187 10-14-55 et

9588

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Prince Frederick
LENGTH OF STAY (in this place) 14 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47X.3
STREET ADDRESS (If rural give location) 1916 - 13th ST. S.E ✓

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Franklin (Last) Shepherd.

4. DATE OF DEATH: (Month) 10 (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mark Shepherd.

14. MOTHER'S MAIDEN NAME: Rosalie Fairfax

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Mrs. Helen Edith Shepherd (wife) Owings Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 442X (A) Cardio-Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hemiplegia — 10 wks

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15 55, to , that I last saw the deceased alive on 10/4 55, and that death occurred at 12 Midnight, from the causes and on the date stated above.

SIGNATURE H W Ward ADDRESS Owings M. D. DATE SIGNED 10/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct 7, 1955 — NAME OF CEMETERY OR CREMATORY Mt Harmony — LOCATION (City, town, or county) Calvert Co — (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/6/55 — REGISTRAR'S SIGNATURE Grace L. Nicholas

24. FUNERAL DIRECTOR Wm H. Hutchins — ADDRESS Owings Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9589 09594

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 52

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lower Marlboro | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [redacted]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lower Marlboro Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) McKenney (Last) Wells
4. DATE OF DEATH (Month) 10 (Day) 24 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: May 18 1886
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: McKee Wells
14. MOTHER'S MAIDEN NAME: Margaret Ellen Sunderland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Lawrence Wells Lower Marlboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1
Immediate cause (a) Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Coronary disease

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Lower Marlboro (County) Calvert (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 10 24 55 9 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? Was sitting in car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 10/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE (THEREOF) 10/26/55
NAME OF CEMETERY OR CREMATORY Lower Marlboro
LOCATION (City, town, or county) (State) Lower Marlboro Md.

DATE REC'D BY LOCAL REG. Oct. 26, 1955
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS Owings Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53